

SERFF Tracking Number: JHAN-127166739 State: Arkansas
Filing Company: John Hancock Life Insurance Company (U.S.A.) State Tracking Number: 48763
Company Tracking Number: 2010 LTC CLAIMS DENIAL REPORTING
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
Product Name: 2010 LTC Claims Denial Report
Project Name/Number: 2010 LTC Claims Denial Report/2010 LTC Claims Denial Report

Filing at a Glance

Company: John Hancock Life Insurance Company (U.S.A.)
Product Name: 2010 LTC Claims Denial Report SERFF Tr Num: JHAN-127166739 State: Arkansas
TOI: LTC06 Long Term Care - Other SERFF Status: Closed-Accepted State Tr Num: 48763
For Informational Purposes
Sub-TOI: LTC06.000 Long Term Care - Other Co Tr Num: 2010 LTC CLAIMS State Status: Filed-Closed
DENIAL REPORTING
Filing Type: Form Reviewer(s): Harris Shearer,
Stephanie Fowler
Authors: Helene Landow, Karren Disposition Date: 05/16/2011
Phair, Debbie Tom, Jacqueline Lau,
Virginia Bove
Date Submitted: 05/12/2011 Disposition Status: Accepted For
Informational Purposes
Implementation Date Requested: Implementation Date:
State Filing Description:

General Information

Project Name: 2010 LTC Claims Denial Report Status of Filing in Domicile:
Project Number: 2010 LTC Claims Denial Report Date Approved in Domicile:
Requested Filing Mode: Informational Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 05/16/2011
State Status Changed: 05/16/2011
Deemer Date: Created By: Debbie Tom
Submitted By: Debbie Tom Corresponding Filing Tracking Number:
Filing Description:
Re: John Hancock Life Insurance Company (USA)
FEIN # 01-0233346 NAIC # 904-65838
Claims Denial Reporting ending December 31, 2010
Acceleration of life insurance death benefit for qualified long term care services rider

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As required in your jurisdiction, we are submitting the claims denial reporting form for the period of January 1, 2010 through December 31, 2010.

If you have any questions or concerns, please contact me at 416-852-2035 (collect) or via email at debbie_tom@jhancock.com.

Company and Contact

Filing Contact Information

Debbie Tom, Contract Analyst
200 Bloor St E
Toronto, ON M4W 1E5

Debbie_Tom@jhancock.com
416-852-2035 [Phone]
416-926-3121 [FAX]

Filing Company Information

John Hancock Life Insurance Company
(U.S.A.)
197 Clarendon Street
C-7-09
Boston, MA 02117
(800) 370-1355 ext. [Phone]

CoCode: 65838
Group Code: 904
Group Name:
FEIN Number: 01-0233346

State of Domicile: Michigan
Company Type: Life Insurance
State ID Number:

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
John Hancock Life Insurance Company (U.S.A.)	\$50.00	05/12/2011	47538423

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Stephanie Fowler	05/16/2011	05/16/2011

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Disposition

Disposition Date: 05/16/2011

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	2010 LTC Claims Denial Report	Accepted for Informational Purposes	No

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Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification		
Bypass Reason:	Not applicable		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Application		
Bypass Reason:	Not applicable		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification		
Bypass Reason:	Not applicable		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage		
Bypass Reason:	Not applicable		
Comments:			
		Item Status:	Status Date:
Satisfied - Item:	2010 LTC Claims Denial Report	Accepted for Informational Purposes	05/16/2011
Comments:			
Attachment:	AR claim denial reporting form Arkansas.pdf		

**Claims Denial Reporting Form
Long-Term Care Insurance**

For the State of Arkansas

For the Reporting Year of 2010

Company Name: John Hancock Life Insurance Company (U.S.A.)

Due: June 30 annually

Company Address: PO Box 600, Buffalo, NY 14201-0600

Company NAIC Number: 904-65838

Contact Person: Debbie Tom

Phone Number: 416-852-2035

Instructions

The purpose of this form is to report all long-term care claim denials under in force long-term care insurance policies. Indicate the manner of reporting by checking one of the boxes below:

☒ Per Claimant – counts each individual who makes one or a series of claim requests

☐ Per Transaction – counts each claim payment request

“Denied” means a claim that is not paid for any reason other than for claims not paid for failure to meet the waiting period or because of an applicable preexisting condition. It does not include a request for payment that is in excess of the applicable contractual limits.

		State Data	Nationwide Data ¹
1	Total Number of Long-Term Care Claims Reported	0	0
2	Total Number of Long-Term Care Claims Denied/Not Paid	0	0
3	Number of Claims Not Paid due to Preexisting Condition Exclusion	0	0
4	Number of Claims Not Paid due to Waiting (Elimination) Period Not Met	0	0
5	Net Number of Long-Term Care Claims Denied for Reporting Purposes (Line 2 Minus Line 3 Minus Line 4)	0	0
6	Percentage of Long-Term Care Claims Denied of Those Reported (Line 5 Divided By Line 1)	0%	00%
7	Number of Long-Term Care Claim Denied due to:	-	-
8	• Benefit Eligibility Criteria Not Met ²	0	0
9	• Long-Term Care Services Not Covered under the Policy ³	0	0
10	• Provider/Facility Not Qualified under the Policy ⁴	0	0
11	• Other	0	0

1. The nationwide data may be viewed as a more representative and credible indicator where the data for claims reported and denied for your state are small in number.
2. Examples – a benefit trigger not met, certification by a licensed health care practitioner not provided, no plan of care.
3. Example – home health care claim filed under a nursing home only policy
4. Example – a facility that does not meet the minimum level of care requirements or the licensing requirements as outlined in the policy